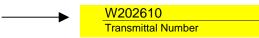
Enter your transmittal number



Your unique Transmittal Number can be accessed online: http://mass.gov/dep/service/online/trasmfrm.shtml or call MassDEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

Massachusetts Department of Environmental Protection Transmittal Form for Permit Application and Payment

1. Please type or print. A separate Transmittal Form must be completed for each permit application.	A. Permit Information						
		BWP IW 38		Industrial Sewer User in IPP POTW discharging more than 50,000 GPD			
		1. Permit Code: 7 or 8 character code from permit instructions					
		Renewal					
		3. Type of Project or Activity					
2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.	В	D. Annligant Information - Firm or Individual					
	B. Applicant Information – Firm or Individual						
		Hercules, Incorporated					
	•	Name of Firm - Or, if party needing this approval is an individual enter name below:					
		2. Last Name of Individual 3. First Name of Individual			4. MI		
		1111 Grattan Street					
		5. Street Address					
 Three copies of this form will be needed. Copy 1 - the 		Chicopee	MA	01013	413-536-6426	432	
		6. City/Town	7. State	8. Zip Code	9. Telephone #	10. Ext. #	
		Elizabeth H. Bocon		ebocon@herc.co	on		
		11. Contact Person		12. e-mail address (d	optional)		
original must accompany your							
permit application. Copy 2 must	C.	C. Facility, Site or Individual Requiring Approval					
accompany your	Same						
fee payment.	1. Name of Facility, Site Or Individual						
Copy 3 should be							
retained for your records		2. Street Address					
4. Both fee-paying and exempt applicants must		3. City/Town	4. State	5. Zip Code	6. Telephone #	7. Ext. #	
		8. DEP Facility Number (if Known) 510023450 9. Federal I.D. Number (if Known) 10. BWSC Tracking # (if					
mail a copy of this		8. DEP Facility Number (if Known) 9. Federal I.D. Number (if Known) 10. BWSC Tracking # (if Known)					
transmittal form to:	D.	D. Application Prepared by (if different from Section B)*					
MassDEP							
P.O. Box 4062 Boston, MA 02211		1. Name of Firm Or Individual					
		2. Address					
* Note: For BWSC Permits, enter the LSP.	,	3. City/Town	4. State	5. Zip Code	6. Telephone #	7. Ext. #	
		8. Contact Person		9. LSP Number (BW	SC Permits only)		
	_	E. Danneit. Dualisat Canadination					
	E.	E. Permit - Project Coordination					
	1.	. Is this project subject to MEPA review? ☐ yes ☐ no If yes, enter the project's EOEA file number - assigned when an Environmental Notification Form is submitted to the MEPA unit:					
	EOEA File Number						
	F. Amount Due						
DEP Use Only	Sp	Special Provisions:					
	1.						
Permit No:		There are no fee exemptions for BWSC permits, regardless of applicant status.					
Rec'd Date:	2. 3. 4.	Alternative Schedule Project (according to 310 CMR 4.05 and 4.10).					
Reviewer:							
		Check Number Dolls	ar Amount		Date		